

GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD
DIVISION OF ELECTRICAL CONTRACTORS

237 Coliseum Drive
Macon, Georgia 31217

(478) 207-2440 [Telephone]

(866) 888-9718 [Fax]

www.sos.ga.gov/plb/construct

ELECTRICAL CONTRACTORS EXAMINATION APPLICATION
FOR STATEWIDE LICENSE
●●●GENERAL INFORMATION and CHECKLIST●●●

OTHER MATERIALS MAILED TO APPLICANTS:

Approximately 45 Days Prior to the Examination

Letter from the Board notifying the applicant of approval or disapproval to take the examination. If approved, applicant will receive the Candidate Information Bulletin, which includes an outline of topics covered in the examination. **It is the applicant's responsibility to submit a scheduling form to the testing service with the correct fee and payment type by AMP's posted deadline.**

Approximately 2 Weeks Prior to the Examination

Admission Notices from AMP to scheduled applicants, giving the date and location of the examination, as requested on the AMP-GA10 form. [If you receive an approval letter from the Board, but do not receive an admission notice, Contact AMP at (800) 345-6559.]

Approximately 45 Days After the Examination

Examination Results. Applicants who failed the exam will receive a new Examination Scheduling Form to apply for another examination date. Applicants who passed the examination will receive their license identification card.

Other:

To check the status of your application, visit sos.ga.gov/plb/construct and click on the tab, "on-line services, then "check...application".

Please read all the instructions carefully and be familiar with the laws and rules governing the practice of electrical contracting in the State of Georgia. Visit the following web site for information: sos.ga.gov/plb/construct, then "board laws & rules".

A separate statewide low voltage contractor license is required of persons who contract for low voltage work (See O.C.G.A. §43-14-2 for definitions).

Detach and keep these instructions for your records

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application. This checklist is for your use and does not need to be sent with your application!

The **\$30.00 non-refundable** application fee payable to **Georgia Construction Industry Licensing Board** must be included with this application.

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct by the stated deadline. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

- ☐ **NOTARIZED APPLICATION:** The six-page correctly completed application must be mailed to the Board's office at the address listed above, along with your **FEE no later than 60 days prior to the examination, and must be notarized. If any portion of your application is returned to you for completion, it must be received in this office by the deadline in order for it to be considered a complete application.**
- ☐ **EXPERIENCE INFORMATION:** You must document a minimum of 4 years of experience under a licensed contractor doing contracting work. Employer information includes the qualifying licensee name and number, dates of employment, range of sizes for each category (i.e. 200-300 amps, 1/2-20 hp, etc.), and average number of hours a week duties performed. Do not attach extra pages explaining the categories; they are already defined. If extra pages with this information are attached, the application will be returned. See Sample Page for correct completion. *If you have had more than 6 employers, you may make copies of a blank experience page and attach behind page 4.*
- ☐ Qualifying licensee names & numbers must be listed in order for the experience to count towards primary experience. If the license holder is from out of state, please explain if it is the equivalent to a restricted or non-restricted Georgia license.
- ☐ Employment dates are required to be in the month & year format for each employer.
- ☐ See enclosed sample page for acceptable format. If this format is not used, the application will be returned for correct completion.
- ☐ **PERSONAL HISTORY:** All questions must be answered.
Education: Submit only certificates showing you have completed a vocational/technical school program or copy of a diploma in Engineering Technology or related electrical field.
No other education is accepted nor should it be submitted.
- ☐ **Beginning August 2007 all applicants must submit a background check with an application. This can be obtained by going to your local law enforcement office or through a private background check agency.** If you answer "yes" on the conviction question, you must submit the requested certified documentation.¹
- ☐ **REFERENCE LETTERS:** Three (3) **notarized original reference forms** from professionally licensed people that have knowledge of your work are required for each reference listed on your application. **Only references from the following categories are accepted:** electrical contractor, registered architect, professional engineer or city/county inspector. At least one reference must be from a licensed electrical contractor that you have worked under.
Non-restricted applicants: must have at least one non-restricted reference & matching reference form from an employer where the bulk of your experience was obtained. If more than one electrical reference is used, all must be non-restricted license holders.
No copies of the reference letters will be accepted.

***Make a copy of everything you are submitting for your application!
Detach and retain this page for your records.***

INSTRUCTIONS:

Sample page

SAMPLE PAGE

- Please read general instructions before completing this application.
- Applicants for Class I license must show experience in at least six (6) of the Primary Experience areas.
- Applicants for Class II license must show experience in **all** Primary Experience areas and must show experience with electrical installations in excess of single phase, 400 amperes systems under a Class II contractor.
- Attach additional pages, if necessary, using this format and writing your name at the top. **Begin with current employer.**

SAMPLE PAGE	Employer 1	Employer 2
Name of employer Address of employer (city, state, zip)	XYZ Electrical Atlanta GA 30303 Sample page	Joe Brown & Associates Electric Brunswick GA 31907 Sample page
Telephone number of employer	(404) 777 - 1255	(912) 442 - 6293
Is employer in electrical contracting business? If not, describe business.	(X) Yes () No, describe:	(x) Yes () No, describe:
Does employer hold an electrical contractor license or employ a qualifying electrical contractor license holder?	() No license holder Licensee name <u>Harold White</u> State license # <u>EN0000000</u>	() No license holder Licensee name <u>E. Joseph Brown</u> State license # <u>ER 103333</u>
Your job title	Lead electrician	Journeyman to shift supervisor
Dates employed Mo/Yr	From: 5/04 To: 7/07	From: 1/2000 To: 4/04
(a) raceways, boxes, conduit, connections in systems and to cabinets, panel boards, switch boards, and boxes Sample page	() I did not install these items. (x) I installed the items listed on (a). Give typical range of sizes or capacity of items you installed: $\frac{1}{2}$ - 5"	() I did not install these items. (x) I installed the items listed on (a). Give typical range of sizes or capacity of items you installed: $\frac{1}{2}$ - 3"
(b) Conductors, including cords, cables, splices, taps, terminations, bonding jumpers, overcurrent protective devices, metering devices	() I did not install these items. (x) I installed the items listed on (b). Give typical range of sizes or capacity of items you installed: 100-500 amps	() I did not install these items. (x) I installed the items listed on (b). Give typical range of sizes or capacity of items you installed: up to 400 amps
(c) Service entrances, meters, overcurrent protection, disconnect, grounding, bonding, GFP	() I did not install these items. (x) I installed the items listed on (c). Give typical range of sizes or capacity of items you installed: up to 800 amps	() I did not install these items. (x) I installed the items listed on (c). Give typical range of sizes or capacity of items you installed: 100-400 amps
(d) Motors, generators with circuits, overcurrent protection, disconnect, and controls	() I did not install these items. () I installed the items listed on (d). Give typical range of sizes or capacity of items you installed: $\frac{1}{2}$ - 100 hp	() I did not install these items. () I installed the items listed on (d). Give typical range of sizes or capacity of items you installed: $\frac{1}{2}$-7.5 hp
(e) Switches, disconnects, controls for lighting appliance, and general equipment use Sample page	() I did not install these items. (x) I installed the items listed on (e). Give typical range of sizes or capacity of items you installed: 15-800 amps	() I did not install these items. (x) I installed the items listed on (e). Give typical range of sizes or capacity of items you installed: 15-400 amps
(a) Material and equipment for special occupancy as defined in NEC chapter 5 SAMPLE PAGE	() I did not install these items. (x) I installed the items listed on (f). Describe the material and equipment you installed: fuel station/hospital	(x) I did not install these items. () I installed the items listed on (f). Describe the material and equipment you installed:
(f) Bonding, grounding, conduit protection	() I did not install these items. (x) I installed the items listed on (g). Give typical range of sizes or capacity of items you installed: 14-6 AWG/100-500 amps	() I did not install these items. (x) I installed the items listed on (g). Give typical range of sizes or capacity of items you installed: 14-6 AWG/100-400 amps
(g) Determination of loads, circuits, conduit fills, net loads Sample page	() I did not determine loads, circuits, and fills. (x) I did determine loads, circuits, and fills. Give typical range of sizes or capacity: Up to 300 amps	(x) I did not install these items. () I installed the items listed on (h). Give typical range of sizes or capacity: SAMPLE PAGE
Approximate number of hours per week the above electrical work performed	40	40

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt number _____



FOR BOARD USE ONLY

License no. _____

Date Issued _____

Applicant No. _____

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

237 Coliseum Drive, Macon, GA 31217-3858

www.sos.ga.gov/plb/construct

APPLICATION FOR ELECTRICAL CONTRACTOR

Application Fee \$30.00 (non-refundable)

In the form of a money order, or company or personal check

License Type: _____ Restricted
_____ Non-restricted

Method Obtained by:

Applicant is applying for above referenced license by:

(**XX**) Examination

See separate application for reciprocity or reinstatement by re-examination

Name _____
First Middle Last Suffix

Social Security Number

_____ I am a U.S. Citizen

Date of Birth

_____ I am not a U.S. Citizen, but am qualified under the federal Immigration & Naturalization Act, and I am lawfully present in the United States.

Physical Address

P.O. Box not acceptable Number and Street Apt. No City/State Zip

Mailing Address

(if different) P.O. Box OR Number and Street Apt. No City/State Zip

Daytime Telephone Number _____

Business or Cell phone Number _____

E-mail address: _____

_____ I am requesting Veterans' Preference Points. Attached is a copy of my DD-214

For Board Use Only

Approved by: _____

Date approved by Division _____

Disapproved by _____

Date disapproved by Division _____

Reason: _____

PART II – EXPERIENCE RECORD - PRIMARY EXPERIENCE

INSTRUCTIONS:

- Please read general instructions before completing this application.
- Applicants for Class I license must show experience in at least six (6) of the Primary Experience areas.
- Applicants for Class II license must show experience in **all** Primary Experience areas and must show experience with electrical installations in excess of single phase, 400 amperes systems under a Class II contractor.
- **Begin with current employer.** Attach additional pages, if necessary, using this format and writing your name at the top.

	Employer 1	Employer 2
Name of employer Address of employer (city, state, zip)		
Telephone number of employer	() -	() -
Is employer in electrical contracting business? If not, describe business.	() Yes () No, describe:	() Yes () No, describe:
Does employer hold an electrical contractor license or employ a qualifying electrical contractor license holder?	() No license holder Licensee name _____ State license # _____	() No license holder Licensee name _____ State license # _____
Your job title		
Dates employed - Mo/Yr	From: To:	From: To:
(a) Raceways, boxes, conduit, connections in systems and to cabinets, panel boards, switch boards, and boxes	() I did not install these items. () I installed the items listed on (a). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (a). Give typical range of sizes or capacity of items you installed:
(b) Conductors, including cords, cables, splices, taps, terminations, bonding jumpers, overcurrent protective devices, metering devices	() I did not install these items. () I installed the items listed on (b). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (b). Give typical range of sizes or capacity of items you installed:
(c) Service entrances, meters, overcurrent protection, disconnect, grounding, bonding, GFP	() I did not install these items. () I installed the items listed on (c). Give typical range of sizes or capacity of items you installed	() I did not install these items. () I installed the items listed on (c). Give typical range of sizes or capacity of items you installed:
(d) Motors, generators with circuits, overcurrent protection, disconnect, and controls	() I did not install these items. () I installed the items listed on (d). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (d). Give typical range of sizes or capacity of items you installed:
(e) Switches, disconnects, controls for lighting appliance, and general equipment use	() I did not install these items. () I installed the items listed on (e). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (e). Give typical range of sizes or capacity of items you installed:
(f) Material and equipment for special occupancy as defined in NEC chapter 5	() I did not install these items. () I installed the items listed on (f). Describe the material and equipment you installed:	() I did not install these items. () I installed the items listed on (f). Describe the material and equipment you installed:
(g) Bonding, grounding, conduit protection	() I did not install these items. () I installed the items listed on (g). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (g). Give typical range of sizes or capacity of items you installed:
(h) Determination of loads, circuits, conduit fills, net loads	() I did not determine loads, circuits, and fills. () I did determine loads, circuits, and fills. Give typical range of sizes or capacity:	() I did not install these items. () I installed the items listed on (h). Give typical range of sizes or capacity:
Approximate total number of hours per week the above electrical work performed		

PRIMARY EXPERIENCE RECORD CONTINUED

	Employer 3	Employer 4
Name of employer		
Address of employer (city, state, zip)		
Telephone number of employer	() -	() -
Is employer in electrical contracting business? If not, describe business.	() Yes () No, describe:	() Yes () No, describe:
Does employer hold an electrical contractor license or employ a qualifying electrical contractor license holder?	() No license holder Licensee name _____ State license # _____	() No license holder Licensee name _____ State license # _____
Your job title		
Dates employed - Mo/Yr	From: To:	From: To:
(a) Raceways, boxes, conduit, connections in systems and to cabinets, panel boards, switch boards, and boxes	() I did not install these items. () I installed the items listed on (a). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (a). Give typical range of sizes or capacity of items you installed:
(b) Conductors, including cords, cables, splices, taps, terminations, bonding jumpers, overcurrent protective devices, metering devices	() I did not install these items. () I installed the items listed on (b). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (b). Give typical range of sizes or capacity of items you installed:
(c) Service entrances, meters, overcurrent protection, disconnect, grounding, bonding, GFP	() I did not install these items. () I installed the items listed on (c). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (c). Give typical range of sizes or capacity of items you installed:
(d) Motors, generators with circuits, overcurrent protection, disconnect, and controls	() I did not install these items. () I installed the items listed on (d). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (d). Give typical range of sizes or capacity of items you installed:
(e) Switches, disconnects, controls for lighting appliance, and general equipment use	() I did not install these items. () I installed the items listed on (e). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (e). Give typical range of sizes or capacity of items you installed:
(f) Material and equipment for special occupancy was defined on NEC chapter 5	() I did not install these items. () I installed the items listed on (f). Describe material and equipment you installed:	() I did not install these items. () I installed the items listed on (f). Describe material and equipment you installed:
(g) Bonding, grounding, conduit protection	() I did not install these items. () I installed the items listed on (g). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (g). Give typical range of sizes or capacity of items you installed:
(h) Determination of loads, circuits, conduit fills, net loads	() I did not determine loads, circuits, and fills. () I did determine loads, circuits, and fills. Give typical range of sizes or capacity	() I did not install these items. () I installed the items listed on (h). Give typical range of sizes or capacity
Approximate total number of hours per week the above electrical work performed		

PRIMARY EXPERIENCE RECORD, CONTINUED

	Employer 5	Employer 6
Name of employer Address of employer (city, state, zip)		
Telephone number of employer	() - ()	() - ()
Is employer in electrical contracting business? If not, describe business	() Yes () No, describe:	() Yes () No, describe:
Does employer hold an electrical contractor license or employ a qualifying electrical contractor license holder?	() No license holder Licensee name _____ State license # _____	() No license holder Licensee name _____ State license # _____
Your job title		
Dates employed - Mo/Yr	From: To:	From: To:
(a) Raceways, boxes, conduit, connections in systems and to cabinets, panel boards, switch boards, and boxes	() I did not install these items. () I installed the items listed on (a). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (a). Give typical range of sizes or capacity of items you installed:
(b) Conductors, including cords, cables, splices, taps, terminations, bonding jumpers, over- current protective devices, metering devices	() I did not install these items. () I installed the items listed on (b). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (b). Give typical range of sizes or capacity of items you installed:
(c) Service entrances, meters, overcurrent protection, disconnect, grounding, bonding, GFP	() I did not install these items. () I installed the items listed on (c). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (c). Give typical range of sizes or capacity of items you installed:
(d) Motors, generators with circuits, overcurrent protection, disconnect, and controls	() I did not install these items. () I installed the items listed on (d). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (d). Give typical range of sizes or capacity of items you installed:
(e) Switches, disconnects, controls for lighting appliance, and general equipment use	() I did not install these items. () I installed the items listed on (e). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (e). Give typical range of sizes or capacity of items you installed:
(f) Material and equipment for special occupancy as defined in NEC chapter 5	() I did not install these items. () I installed the items listed on (f). Describe material and equipment you installed:	() I did not install these items. () I installed the items listed on (f). Describe material and equipment you installed:
(g) Bonding, grounding, conduit protection	() I did not install these items. () I installed the items listed on (g). Give typical range of sizes or capacity of items you installed:	() I did not install these items. () I installed the items listed on (g). Give typical range of sizes or capacity of items you installed:
(h) Determination of loads, circuits, conduit fills, net loads	() I did not determine loads, circuits, and fills. () I did determine loads, circuits, and fills. Give typical range of sizes or capacity	() I did not install these items. () I installed the items listed on (h). Give typical range of sizes or capacity
Approximate total number of hours per week the above electrical work performed		

SECONDARY EXPERIENCE RECORD

	Employer 1	Employer 2
Name and Address (city, state, zip) of employer		
Telephone number of employee	() -	() -
Is employer in electrical contracting business? If not, describe business.	() Yes () No, describe:	() Yes () No, describe:
Does employer hold an electrical contractor license or employ a qualifying electrical contractor license holder?	<input type="checkbox"/> No license holder Licensee name _____ State license # _____	<input type="checkbox"/> No license holder Licensee name _____ State license # _____
Your job title		
Dates employed - Mo/Yr	From: To:	From: To:
Name, title of your supervisor		
(b) Describe your experience as a city or county electrical inspector		
(c) Describe your experience as a Registered Professional Engineer (give PE license number) in electrical engineering		
(d) Describe your experience in project management (estimating, project management, scheduling & assigning work, flow charts, sales & payment)		
(e) Describe your experience in the installation of electrically lighted signs		
Approximate total number of hours per week the above duties performed		

PART III – REFERENCES

INSTRUCTIONS:

- List below the names, complete addresses, telephone numbers, and license numbers of three (3) professionally licensed persons from these categories only: architect, engineer, inspector or electrical contractor, who have knowledge of your electrical experience to whom the Division may refer.

At least one reference must be a licensed electrical contractor; Class II applicants must have one or more non-restricted references.

Attach 3 completed, notarized reference letters from the people listed below.

Name: _____ Telephone Number: () _____

Address: _____

Street City State Zip Code
Professional License # Issuing state _____

Name: _____ Telephone Number: () _____

Address: _____

Street City State Zip Code
Professional License # Issuing state _____

Name: _____ Telephone Number: () _____

Address: _____

Street City State Zip Code
Professional License # Issuing state _____

PART IV – PERSONAL HISTORY

Have you received a diploma in Engineering Technology or a certificate for completion of a vocational-technical school program? ☐ No
☐ Yes If yes, attach copy of diploma or certificate.

Have you ever held an electrical contractors' license? ☐ No ☐ Yes If yes, type of license, license number, and Board that issued: _____

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or other state? ☐ No ☐ Yes If yes, explain _____

Have you (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony. ☐ No (Attach background check behind page 6.) ☐ Yes If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.

PART V – CERTIFICATION

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Construction Industry Licensing Boards, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on page 17 of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Construction Industry Licensing Boards and/or criminal prosecution.

Subscribed to and sworn before me

Notary Seal

Signature of Applicant

this _____ day of _____,

My Commission Expires: _____

Date

Notary Public



Secretary of State

Professional Licensing Boards
Electrical Contractors' Division
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440
sos.ga.gov/plb/construct

Dear Sir or Madam:

The applicant (individual) named on this form is applying for an Electrical Contractor license in the state of Georgia and has referred to you as having information concerning his/her character and ability. *Your* evaluation of said applicant is vital to *our* evaluation. The Georgia State Board wishes to point out that statements must be from personal knowledge, and not made for the mere purpose of aiding the applicant. This form has been provided to the applicant for forwarding to you. The Board requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate to him/her the results of your evaluation.

Please fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Electrical Contractors Board at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY
LICENSING BOARD

Electrical Contractors Division

Georgia Construction Industry Licensing Board
Division of Electrical Contractors
Applicant Reference Form

Information Concerning: _____
(Applicant's Name)

1. Your name (please print): _____
Address: _____
Telephone number: _(_____) _____ Fax: _(_____) _____
2. Are you an Electrical Contractor _____ Registered Architect _____ Professional Engineer _____
or City or County Inspector _____ Issuing state _____ Lic. No. _____
If you do not hold one of the above licenses, do not complete this form!
3. How long have you known the applicant? From _____ To _____
4. Are you in any way related to the applicant? ☐ No ☐ Yes If yes, state how _____
5. What has been your business connection with the applicant? _____

6. If the applicant is connected with a firm, partnership, or corporation, please give its name
and address: _____
7. Do you know anything reflecting adversely on the applicant's integrity or general good
character? _____

8. What is the applicant's character, reputation, and standing in the community? _____

9. Would you employ the applicant in a position of trust? ☐ No ☐ Yes
10. Would you trust the applicant to install an electrical system in your home? ☐ No ☐ Yes
11. What is the applicant's experience in installing electrical systems? _____

12. In your opinion, does the applicant have four (4) years of experience installing electrical
systems? ☐ No ☐ Yes
13. Do you recommend the applicant to be licensed as an electrical contractor? ☐ No ☐ Yes

I certify that the above statements are true & correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Your Signature & date

Notary Seal

Notary signature & date

Date commission expires



Secretary of State

Professional Licensing Boards
Electrical Contractors' Division
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440
sos.ga.gov/plb/construct

Dear Sir or Madam:

The applicant (individual) named on this form is applying for an Electrical Contractor license in the state of Georgia and has referred to you as having information concerning his/her character and ability. *Your* evaluation of said applicant is vital to *our* evaluation. The Georgia State Board wishes to point out that statements must be from personal knowledge, and not made for the mere purpose of aiding the applicant. This form has been provided to the applicant for forwarding to you. The Board requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate to him/her the results of your evaluation.

Please fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Electrical Contractors Board at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY
LICENSING BOARD

Electrical Contractors Division

Georgia Construction Industry Licensing Board
Division of Electrical Contractors
Applicant Reference Form

Information Concerning: _____
(Applicant's Name)

1. Your name (please print): _____
Address: _____
Telephone number: _(_____) _____ Fax: _(_____) _____
2. Are you an Electrical Contractor _____ Registered Architect _____ Professional Engineer _____
or City or County Inspector _____ Issuing state _____ Lic. No. _____
If you do not hold one of the above licenses, do not complete this form!
3. How long have you known the applicant? From _____ To _____
4. Are you in any way related to the applicant? ☐ No ☐ Yes If yes, state how _____
5. What has been your business connection with the applicant? _____

6. If the applicant is connected with a firm, partnership, or corporation, please give its name
and address: _____
7. Do you know anything reflecting adversely on the applicant's integrity or general good
character? _____

8. What is the applicant's character, reputation, and standing in the community? _____

9. Would you employ the applicant in a position of trust? ☐ No ☐ Yes
10. Would you trust the applicant to install an electrical system in your home? ☐ No ☐ Yes
11. What is the applicant's experience in installing electrical systems? _____

12. In your opinion, does the applicant have four (4) years of experience installing electrical
systems? ☐ No ☐ Yes
13. Do you recommend the applicant to be licensed as an electrical contractor? ☐ No ☐ Yes

I certify that the above statements are true & correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Your Signature & date

Notary Seal

Notary signature & date

Date commission expires



Secretary of State
Professional Licensing Boards
Electrical Contractors' Division
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440
sos.ga.gov/plb/construct

Dear Sir or Madam:

The applicant (individual) named on this form is applying for an Electrical Contractor license in the state of Georgia and has referred to you as having information concerning his/her character and ability. *Your* evaluation of said applicant is vital to *our* evaluation. The Georgia State Board wishes to point out that statements must be from personal knowledge, and not made for the mere purpose of aiding the applicant. This form has been provided to the applicant for forwarding to you. The Board requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate to him/her the results of your evaluation.

Please fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Electrical Contractors Board at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY
LICENSING BOARD

Electrical Contractors Division

Georgia Construction Industry Licensing Board
Division of Electrical Contractors
Applicant Reference Form

Information Concerning: _____
(Applicant's Name)

1. Your name (please print): _____
Address: _____
Telephone number: _(_____) _____ Fax: _(_____) _____
2. Are you an Electrical Contractor _____ Registered Architect _____ Professional Engineer _____
or City or County Inspector _____ Issuing state _____ Lic. No. _____
If you do not hold one of the above licenses, do not complete this form!
3. How long have you known the applicant? From _____ To _____
4. Are you in any way related to the applicant? ☐ No ☐ Yes If yes, state how _____
5. What has been your business connection with the applicant? _____

6. If the applicant is connected with a firm, partnership, or corporation, please give its name
and address: _____
7. Do you know anything reflecting adversely on the applicant's integrity or general good
character? _____

8. What is the applicant's character, reputation, and standing in the community? _____

9. Would you employ the applicant in a position of trust? ☐ No ☐ Yes
10. Would you trust the applicant to install an electrical system in your home? ☐ No ☐ Yes
11. What is the applicant's experience in installing electrical systems? _____

12. In your opinion, does the applicant have four (4) years of experience installing electrical
systems? ☐ No ☐ Yes
13. Do you recommend the applicant to be licensed as an electrical contractor? ☐ No ☐ Yes

I certify that the above statements are true & correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Your Signature & date

Notary Seal

Notary signature & date

Date commission expires



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Construction Industry Licensing Boards ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled

____ Working with elder care

____ Working with children

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]